

ISSUE SLIP STAPLE AREA (for additional cross reference:)

POSITION	INITIALS	IF. NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	917	02-13-01
RESPONSE FORMALITY REVIEW	R.B.	1078	01/31/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/14/03
2	11/16/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional cross reference  
 Best Available Copy      Best Available Copy  
 (LEFT INSIDE)